

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
EMAIL
2009 SEP -3 PM 2: 26

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Tammi Drawbaugh

IMPORTANT: Indicate by # type of committee you are reporting for: 7

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tammi Drawbaugh

Political Party (if applicable)

NA

Office Sought

School Board

District (if Senate or House)

NA

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE

REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Brian K. Casper

SIGNATURE OF PERSON FILING REPORT

563-288-4126

TELEPHONE

9-3-09

DATE SIGNED

I AM FILING A 09/03/2009

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

09/08/2009

County & Local Committees, enter County in

which Election is held

Muscatine

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,340.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$ 1,340.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

539.49

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 800.51

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 152.61

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 200.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

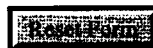
CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Tammi Drawbaugh

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/20/09	ID# CK#	Judith Bartholow 2019 Solomon Avenue Muscatine, IA 52761	Mother	\$250.00	<input type="checkbox"/>
08/08/09	ID# CK#	Gary Carlson 104 Deerpath Lane Muscatine, IA 52761		250.00	<input type="checkbox"/>
08/08/09	ID# CK#	Gail Lande 412 Woodcrest Lane Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/14/09	ID# CK#	Dr. Fate Jabbari 1008 Webster Street Muscatine, IA 52761		50.00	<input type="checkbox"/>
08/14/09	ID# CK#	Evelyn Marr 2810 Musqouta Drive Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/18/09	ID# CK#	Martin Carver 10 Byron Lane Muscatine, IA 52761		200.00	<input type="checkbox"/>
08/18/09	ID# CK#	Mary Wildermuth 2520 Mulberry Avenue Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/19/09	ID# CK#	John Beckey 1923 N. Tipton Road Muscatine, IA 52761		20.00	<input type="checkbox"/>
08/20/09	ID# CK#	Mona Askren 2301 Stonebrook Drive Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/20/09	ID# CK#	Kristine Weis 2315 Stonebrook Drive Muscatine, IA 52761		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 895.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Tammi Drawbaugh

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/20/09	ID# CK#	Esther Dean 319 Myrtle Lane Muscatine, IA 52761		\$10.00	<input type="checkbox"/>
08/20/09	ID# CK#	Christina Nelson 1965 Cranbrook Cross Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/21/09	ID# CK#	Natalie Oppel 1803 Cedar Street Muscatine, IA 52761		50.00	<input type="checkbox"/>
08/21/09	ID# CK#	Susan Smith 101 Sterling Woods Court Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/24/09	ID# CK#	Mary Jo Stanley 516 Hogan Court Muscatine, IA 52761		100.00	<input type="checkbox"/>
08/24/09	ID# CK#	Dr. Jim Stein 2975 Highway 22 Muscatine, Ia 52761		100.00	<input type="checkbox"/>
08/25/09	ID# CK#	Julia Ward 2683 Connecticut Yankee Court Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/25/09	ID# CK#	Thomas Lambert 112 Deerpath Lane Muscatine, IA 52761		25.00	<input type="checkbox"/>
08/26/09	ID# CK#	Gail Van Hecke 2912 Provence Lane Muscatine, IA 52761		10.00	<input type="checkbox"/>
08/27/09	ID# CK#	Victoria Kaufmann 2125 Old Muscatine Road Wilton, IA 52778		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 395.00	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 3
(for Schedule A)

OPEN

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

(Including candidate's personal funds)

Committee to Re-Elect Tammi Drawbaugh

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/27/09	ID# CK#	Mary Huff 2491 Mulberry Muscatine, IA 52761		\$25.00	<input type="checkbox"/>
08/27/09	ID# CK#	Jerry Coffman 907 Sunrise Circle Muscatine, IA 52761		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 50.00	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$ 1,340.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Tammi Drawbaugh

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/28/09	ID# CK# 1002	Tammi Drawbaugh 2004 Crestline Drive Muscatine, IA 52761	Reimbursement for envelopes and postage purchased from Hy Vee and Wal Mart	\$ 146.52
08/28/09	ID# CK# 1002	Tammi Drawbaugh 2004 Crestline Drive Muscatine, IA 52761	Reimbursement for (100) yard signs purchased from Victory Store, Davenport, IA	392.97
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 539.49
TOTAL (if last page of this schedule)				\$ 539.49

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Tammi Drawbaugh

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE
D
(Rev. 08/98) INCURRED
INDEBTEDNESS

☐ CHECK THIS BOX
IF AMENDING
FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
08/21/09	Sycamore Printing 216 Sycamore Street, Suite 103 Muscatine, IA 52761	(750) Election Postcards	\$ 152.61
SUB-TOTAL			\$ 152.61
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 152.61

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Tammi Drawbaugh



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
07/23/09	Tammi Drawbaugh 2004 Crestline Drive Muscatine, IA	Candidate	(25) Yard Signs	\$ 200.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 200.00	
TOTAL (if last page of this schedule)				\$ 200.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)